

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

EMALEE WAGONER,)
Plaintiff,)
)
) Case No.
vs.) 3:18-cv-00211-MMS
)
NANCY DAHLSTROM, et al.,)
Defendants.)

VIDEO DEPOSITION VIA VIDEOCONFERENCE OF
GREG LUND, M.D.

March 27, 2025
2:00 p.m. Alaska Time

Taken via Zoom videoconference originating at:
2490 South Woodworth Loop
Palmer, Alaska 99645

Reported by:
Sandra M. Mierop, FAPR, CRR, CCP, CBC

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PROCEEDINGS

THE VIDEOGRAPHER: Good
afternoon. We are going on the record on
Thursday, March 27, 2025, at 2:17, AKDT.

Please note this deposition is
being conducted virtually. The quality of the
recording depends on the quality of the camera
and Internet connection of participants. What
is seen from the witness and heard on screen is
what will be recorded. Audio and video
recording will continue to take place unless
all parties agree to go off the record.

This is Media Unit 1 of the
remote video-recorded deposition of Dr. Greg
Lund, in the matter of Emalee Wagoner versus
Nancy Dahlstrom, et al., filed in the United
States District Court for the District of
Alaska, Case 3:18-cv-02 -- 00211.

My name is Arielle Friedman, your
legal videographer. Your court reporter is
Sandy Mierop. We are with Veritext Legal
Solutions.

I am not related to any parties
in the action, nor am I financially interested
in the outcome.

1 All counsel will be stated on the
2 stenographic record. After the witness is
3 sworn in, we will proceed.

4 GREG LUND, M.D.

5 being duly sworn, testified as follows:

6 EXAMINATION

7 Q. (BY MS. KERR) Good afternoon,
8 Dr. Lund. I'm Sonja Kerr from Lambda Legal. I
9 represent Emalee Wagoner. And with me is
10 Morgan Walker, another counsel from Lambda
11 Legal. And Richard Saenz, also.

12 MS. KERR: Do other counsel want
13 to note their appearances on the record?

14 MR. GROSS: This is David Gross.
15 I've got Mara Michaletz with me, as well,
16 representing the Defendants.

17 MR. WILKSON: Jim Wilkson here
18 for Dr. Lund.

19 MS. KERR: Thank you.

20 Q. (BY MS. KERR) Dr. Lund, thank you for
21 appearing today. I'm sorry to interrupt your
22 world by asking you to come to this deposition.
23 I do appreciate your time.

24 Could you please state and spell
25 your first name for the record?

1 A. G-R-E-G.

2 Q. And do you go by Dr. Lund?

3 A. In certain circles.

4 Q. Is this one of those circles?

5 A. I'm Dr. Lund.

6 Q. Okay. And you and I have never had
7 the pleasure of meeting, have we?

8 A. No.

9 Q. Do you have an attorney here?

10 A. Yeah, I do.

11 MR. WILKSON: Yes, myself.

12 A. I've asked Jim Wilkson just to be
13 present for my own benefit, yes.

14 Q. (BY MS. KERR) Okay. And have you had
15 your deposition taken before?

16 A. On this matter?

17 Q. In any matter?

18 A. Yes.

19 Q. And have you had it taken more than
20 once?

21 A. Yes.

22 Q. And have you testified in court?

23 A. Yes.

24 Q. Have you testified in any matter
25 relating to Emalee Wagoner?

1 A. No.

2 Q. So when you've testified before, what
3 types of proceedings were those?

4 A. Expert witness.

5 Q. In what types of cases?

6 A. The only court appearance I had was an
7 expert witness regarding chronic pain following
8 a vasectomy.

9 Q. Okay. And about how many times do you
10 think you've testified in depositions, but not
11 in court?

12 A. Five or six, I would guess, over the
13 years.

14 Q. Okay. When was the last time?

15 A. I'd say a couple of years ago. It was
16 a matter -- I was at a -- I was a hospital
17 board member that -- a medical executive
18 committee member. There was a matter regarding
19 credentialing.

20 Q. So since you've been through a
21 deposition process before, you're somewhat
22 familiar with it, yes?

23 A. Yes.

24 Q. Can we agree that when I ask you a
25 question, you'll give an audible answer for the

1 court reporter?

2 A. Yes.

3 Q. Okay. And let -- can we agree to try
4 and not talk over each other?

5 A. Yes.

6 Q. You understand that you're under oath
7 today just as if you were in court?

8 A. Yes. I just took my oath.

9 Q. Okay. And just as a reminder, this is
10 not a marathon. So if you need a break, please
11 just ask me. If we're in the middle of a
12 question, I just ask that you answer the
13 question first.

14 Is -- is that acceptable?

15 A. I suppose. We'll see. I hope this is
16 not a marathon.

17 Q. I'm hoping it isn't either.

18 Is there any reason, such as any
19 medication or illness, that would interfere
20 with your ability to answer questions today
21 truthfully and fully?

22 A. No.

23 Q. Okay. I appreciate that.

24 And if I ask you a question and
25 you answer, can we agree that you understood

1 the question?

2 A. If I don't, I'll ask for
3 clarification.

4 Q. Okay. So you'll tell me if you don't
5 understand the question, right?

6 A. I will.

7 Q. Okay. Have you treated a patient by
8 the name of Emmanuel Cancel?

9 A. I -- I don't know. I don't recall --
10 name sounds familiar.

11 Q. All right. Have you treated a patient
12 named Emalee Wagoner?

13 A. Yes.

14 Q. Okay. And you remember treating
15 Emalee Wagoner?

16 A. Well, I remember the visit, as I have
17 seen -- looked at those medical records.

18 Q. Okay. Well, we'll talk about that in
19 a minute.

20 Can we agree that Emmanuel Cancel
21 and Emalee Wagoner are the same person?

22 A. I don't have that knowledge.

23 Q. All right.

24 So if the rec- -- the medical
25 records of Emalee Wagoner earlier name her as

1 Emmanuel Cancel, you don't know that?

2 A. No, but that's -- I can accept that.

3 Q. You don't dispute that?

4 A. No dispute -- no, I do not dispute
5 that.

6 Q. Okay. And do you understand you're
7 here today in connection with a lawsuit between
8 Emalee Wagoner and the Alaska Department of
9 Corrections?

10 A. Yes.

11 Q. And you're not a party to that
12 lawsuit, right?

13 A. Correct.

14 Q. Are you being paid for your time
15 today?

16 A. No.

17 Q. Dr. Lund, I understand you're a
18 licensed doctor in the state of Alaska,
19 correct?

20 A. Correct.

21 Q. Are you retired at this time?

22 A. Partially.

23 Q. Okay. Can you explain that?

24 A. I'm working one week a month.

25 Q. Okay. So no one is actually paying

1 for your time today, as far as you know?

2 A. No. I would know.

3 MR. WILKSON: And that would be a
4 surprise to me, as well.

5 THE WITNESS: But if anybody was,
6 it would be you. I don't think you're paying
7 me anything. There's been no discussion about
8 any reimbursement, which means I'm not an
9 expert witness, I'm a treating physician, if I
10 understand this correctly.

11 Q. (BY MS. KERR) True. And going back to
12 your experience as a licensed doctor in Alaska,
13 how long were you -- how long have you been
14 a -- a doctor?

15 A. I got my medical degree in 1987.

16 Q. Okay. That was a very good year.
17 Same year I got my law license.

18 So, where did you go to medical
19 school?

20 A. University of Utah.

21 Q. Okay. And did you do any special
22 residencies?

23 A. I did a urology residency and
24 Fellowship for seven years at the University of
25 Iowa.

1 Q. Okay. Well, and -- after you
2 completed your residency, how long after that
3 did you prac- -- did you practice? Right away?

4 A. Immediately following my residency and
5 my Fellowship, I moved to Alaska and have been
6 in private practice ever since then, in 1994.

7 Q. All right. So from 1994, you've been
8 continuously in private practice in Alaska?

9 A. Correct.

10 Q. Okay. Thank you.

11 Now, you have specialty training
12 in urology, correct?

13 A. Correct.

14 Q. Did you have any other specialty
15 training, such as other areas, like, surgery,
16 or psychiatry or heart issues?

17 A. Urology is a surgical specialty, but
18 it's all under urology and urological surgery.
19 And then I did a Fellowship in minimally
20 invasive surgery and laparoscopy.

21 Q. Okay. And what was the last word?
22 Can you spell it for me?

23 A. Laparoscopy. Laparoscopic,
24 L-A-P-A-R-O-S-C-O-P-I-C.

25 Q. Okay. What does that mean?

1 A. Looking in the abdominal cavity with a
2 scope.

3 Q. Okay.

4 A. With a telescope instead of a big
5 incision.

6 Q. Okay. And for the time frame that
7 you've been a urologist in Alaska, were you
8 always affiliated with Alaska Urology?

9 A. No.

10 Q. Okay. How long were you with Alaska
11 Urology?

12 A. There have been several -- I started
13 as a -- as a sole proprietor as Greg O. Lund,
14 M.D., treating urology and uro- -- and -- as a
15 urologist. And then probably -- I'm guessing
16 about 12 years ago -- that's a guess, I don't
17 know the exact date -- I was affiliated with a
18 group called Alaska South Central Urology
19 Specialists.

20 And, ultimately, that name was
21 changed -- we still may be -- we may just be a
22 DBA as Alaska Urology, but it's -- it's kind of
23 changed complexions a bit. But more than
24 ten years, for sure.

25 Q. All right. Perfect.

1 And in the course of your work at
2 Alaska Urology, did you treat incarcerated
3 individuals?

4 A. Yes.

5 Q. Can you estimate what percentage of
6 your practice?

7 A. One percent.

8 Q. Okay. So not very many?

9 A. No, not in the scheme of things, but,
10 you know.

11 Q. Okay. Would you say that you have any
12 specialty in treating incarcerated individuals?

13 A. No.

14 Q. Can you --

15 A. I would say -- I would say I have
16 expertise in treating urological problems,
17 which is where my training is. And I'm not
18 sure the incarceration pertains. If somebody
19 has got an enlarged prostate and can't void,
20 the -- that's material, I think.

21 Q. Being incarcerated doesn't matter?

22 A. No.

23 Q. Okay. Thank you.

24 Have you heard the term "gender
25 dysphoria"?

1 A. Yes, I've heard of it.

2 Q. And can you tell me what that is?

3 A. I think -- I -- my -- my understanding
4 is that this is where someone's not comfortable
5 with their birth gender and -- yeah, I would
6 say that's about it. They're uncomfortable
7 with their birth gender.

8 Q. Okay. In any of your training in
9 medical school or your -- your residencies, did
10 you receive any specific instruction on gender
11 dysphoria or gender identity disorder?

12 A. No.

13 Q. Did you have any experience in
14 treating individuals with gender dysphoria or
15 gender identity disorder while in medical
16 school?

17 A. No.

18 Q. Do you have any experience treating
19 patients who are seeking gender-affirming
20 surgical treatment?

21 A. No.

22 Q. All right. Do you know what the term
23 "gender-affirming care" is?

24 A. Just what it sounds like.

25 Q. Do you have any particular experience

1 providing gender-affirming care?

2 A. No.

3 Q. Are you aware that Ms. Wagoner has
4 identified as having gender dysphoria?

5 A. I'm aware from my note that that --
6 that that was recorded in the note, yes.

7 Q. Okay. And have you treated anyone
8 other than Ms. Wagoner who you were aware was
9 carrying a diagnosis of gender dysphoria?

10 A. No, not specifically the diagnose --
11 that diagnosis.

12 Q. Okay. Have you ever performed any
13 gender-affirming surgery for any person?

14 A. No.

15 Q. Okay. Do you hold yourself out today
16 as an expert in gender dysphoria?

17 A. I do not.

18 Q. And -- and why is that?

19 A. It's -- I think we all pick what we
20 practice, and that's beyond the scope of my
21 practice. It would be an alternative practice
22 that I've not pursued. My expertise is in
23 other areas of urology.

24 Q. Okay. Would you agree that there is
25 no one in the Alaska Urology group currently

1 that is an expert in gender dysphoria?

2 A. I -- I would state that I'm not aware
3 of anyone being an expert.

4 Q. Okay. And but you -- and when you say
5 you're -- you -- you're not aware, you -- you
6 haven't done any formal survey or anything to
7 determine that?

8 A. That's correct.

9 Q. Okay. Would you agree that there
10 simply isn't anyone in Alaska who can do
11 gender-affirming surgery?

12 A. I don't know the answer to that
13 question.

14 Q. Okay. That's --

15 A. I'm not aware -- I will say, I'm not
16 aware of anyone.

17 Q. Okay. But you -- again, you haven't
18 conducted any particular survey or asked
19 anybody to, you know, do that type of research?

20 A. Correct, I have not.

21 Q. Okay. All right. We're going to try
22 and look at an exhibit now, and it's -- it's
23 the -- it's the Deposition Notice, and I would
24 like to introduce it as Exhibit 44.

25 MS. KERR: So have I done

1 everything I need to for the videographer and
2 court reporter?

3 THE REPORTER: Yes.

4 MS. KERR: Okay.

5 Q. (BY MS. KERR) Doctor, can you look at
6 this notice of deposition? Can you see it?

7 A. I cannot see it, no.

8 Q. Okay. I will share it.

9 MR. WILKSON: The exhibit is not
10 visible to me.

11 MS. KERR: Okay. Can -- can
12 people see it now?

13 THE WITNESS: No.

14 THE VIDEOGRAPHER: Counsel, this
15 is the videographer. There you go. You've
16 just shared your screen, and it is loading now.

17 MS. KERR: All right.

18 THE WITNESS: I see it now.

19 Q. (BY MS. KERR) Doctor, I want you to
20 just take a minute and look at this -- and --
21 which we're marking as Exhibit 44, and tell me
22 if you've seen it before.

23 A. I have seen it.

24 Q. And once you received this, did you
25 understand why you were being asked to come to

1 this deposition?

2 A. No.

3 MR. WILKSON: And I want to make
4 sure you're not asking for anything implicating
5 attorney-client privilege.

6 Q. (BY MS. KERR) Oh, sure. Yeah,
7 don't -- don't share -- share anything that you
8 may have discussed with Mr. Wilkson.

9 But did you -- did you personally
10 understand why you were being asked to come to
11 this deposition?

12 A. I don't think anything was made to be
13 understood. I -- I -- you know, I read all the
14 paperwork. And so I understand that I was
15 being subpoenaed for deposition as a treating
16 physician, and there was another word -- kind
17 of a -- I can't remember the other word that
18 was used in another document, where you could
19 go either way.

20 Q. Okay. Did anyone -- I'm sorry, were
21 you done?

22 A. Yeah, I'm done.

23 Q. Okay. Did you meet with anyone to
24 prepare for today?

25 A. No.

1 Q. And I don't want to know anything that
2 you may have discussed with Mr. Wilkson, but
3 did you meet with anyone?

4 A. No.

5 Q. Did you discuss this matter with
6 anyone else, such as your partner,
7 Dr. Simerville?

8 A. Only to the degree that we -- that we
9 were both deposed and we thought the whole
10 process was a little unusual, but no real
11 specifics of the case. It's been a while, and
12 I think both of our notes -- having read each
13 of our notes, we're kind of up on -- up on what
14 we have done and what's happened, so...

15 Q. Okay. Did you -- what do you -- what
16 do you mean that you thought the process was
17 unusual?

18 A. Well, I get a subpoena with -- you
19 know, saying I've got to appear in two days
20 and, you know, it's all very threatening. It's
21 not very -- you know, it's not a very collegial
22 sort of an approach to things, that I -- I just
23 think that -- I've never had a subpoena with a
24 gun to my head that I need to appear in -- you
25 know, in -- in 48 hours for a video deposition

1 and -- with no discussion, no -- no -- no
2 concern for my time.

3 So that I -- I find that a little
4 unusual. But, you know, I mean, generally,
5 I've been given, can we work a time that --
6 that suits everyone, which was a -- which was a
7 significant impetus to me talking to
8 Mr. Wilkson about this.

9 Q. Okay. Now, did you talk to any other
10 doctors, including Dr. Robert Lawrence, about
11 this situation of --

12 A. No.

13 Q. -- being subpoenaed?

14 A. No.

15 Q. Okay. Do you know a Dr. Rachel
16 Samuelson?

17 A. No.

18 Q. Can you tell me what documents you
19 reviewed?

20 A. My clinic note dated June 27th, 2022.

21 And I -- and I reviewed
22 Dr. Simerville's clinic visit dated
23 February 7th, 2018.

24 Q. Okay. Now, you said earlier that you
25 are a urologist, correct?

1 A. Correct.

2 Q. Is that different from a general
3 surgeon?

4 A. Yes.

5 Q. Can you explain the difference for me?

6 A. Urology is a -- is a surgical
7 specialty that deals with the urinary tract and
8 the male reproductive system.

9 Whereas, general surgery is
10 significantly less specific. They're much more
11 specialized in conditions of the alimentary
12 tract, including, you know, the esophagus,
13 stomach, bowel, gallbladder, liver.

14 They may tend to specialize into
15 another areas, such as thoracic surgery,
16 vascular surgery, transplant surgery.

17 Q. Okay. Now, you did not -- you talked
18 earlier about treating doctor -- or treating
19 Ms. Wagoner and that you are aware that she is
20 carrying a diagnosis of gender dysphoria,
21 correct?

22 A. Correct.

23 Q. You did not give her that diagnosis,
24 correct?

25 A. Correct.

1 Q. Is giving a diagnosis of gender
2 dysphoria within your expertise as a urologist?

3 A. No.

4 Q. Are you familiar with certain types of
5 genital surgery, such as an orchiectomy?

6 A. I'm -- I'm -- I'm aware of the
7 operation orchiectomy.

8 Q. Okay. Do you perform those types of
9 surgeries?

10 A. I have performed many orchiectomies,
11 primarily for infection, non-function, and --
12 and/or cancer.

13 Q. And are you familiar with a surgery
14 called vaginoplasty?

15 A. I -- I am aware of its existence.

16 Q. Have you ever completed one?

17 A. I've never started or completed one.

18 Q. Okay. Did you -- sitting here today
19 for the representatives of the Alaska
20 Department of Corrections is David Gross and
21 Mara Michaletz -- I always murder that, I'm
22 sorry.

23 Did you talk to either of those
24 people before this deposition?

25 A. No.

1 Q. Okay. Did you know that they existed?

2 A. No.

3 Q. Okay. I mean, you -- I just -- you
4 know. No worries.

5 So can we agree that you are not
6 holding yourself out as an expert concerning
7 people who experience gender dysphoria?

8 A. That is correct. I do not hold myself
9 out as an expert in that -- in gender
10 dysphoria.

11 Q. Okay. Okay. We're going to try and
12 look at another exhibit here. So give me a
13 moment.

14 Oops, clicked the wrong button.

15 MS. KERR: Okay. Does everyone
16 who is using share, can you see what is
17 currently marked as Exhibit 2, 2024 Docket 204
18 Amendment to Defendant's expert list?

19 MR. WILKSON: I can see a link of
20 it. I don't see the actual document.

21 MS. KERR: Well, it should be in
22 the marked exhibits. Are you at the marked
23 exhibits, David? So then you should be able to
24 click exhibit share.

25 MR. GROSS: That wasn't me

1 talking.

2 MS. KERR: Oh, sorry.

3 MR. WILKSON: Yes. Can you
4 please open the exhibit?

5 MS. KERR: I think I'm opening
6 it.

7 Okay. I'm going to try to share
8 that. Can people see the exhibit?

9 MR. WILKSON: Yeah, the -- it's
10 very tiny.

11 I mean, the text is in about
12 6-point font.

13 MS. KERR: How is that?

14 MR. WILKSON: That's better.

15 Q. (BY MS. KERR) Okay. Dr. Lund, can you
16 see the exhibit?

17 Yes?

18 A. Yes.

19 Q. Okay. Thank you.

20 MS. KERR: And this -- we would
21 be marking for the court reporter as
22 Exhibit 45.

23 THE REPORTER: Correct.

24 MS. KERR: And this is
25 Defendant's Amended Expert Witness Disclosure,

1 Document 204.

2 Q. (BY MS. KERR) Dr. Lund, have you ever
3 seen this document before?

4 A. Well, I'm seeing just a very small
5 window of it, and I'm not sure what it -- what
6 it is. I may have scanned through this, if it
7 came. I -- I don't know what I'm looking at,
8 honestly. I can't tell you.

9 Q. Okay. Let me scroll through it to
10 the --

11 A. Oh, you're not --

12 Q. -- part that includes your name.
13 Okay?

14 A. Yes, I -- I have -- I have seen this
15 document.

16 Q. You have seen this. When did you
17 first --

18 A. I --

19 Q. This document is dated --

20 A. I saw it this morning.

21 Q. You saw it this morning. Was that the
22 first time you saw it, Dr. Lund?

23 A. It may have been yesterday. I don't
24 know.

25 Q. Okay. But it was yesterday or today?

1 A. Correct.

2 Q. Okay. Where did you first see this
3 document?

4 A. On my computer as an attachment in an
5 e-mail.

6 Q. Okay. And who did you -- who did you
7 get the e-mail from?

8 A. Mr. Wilkson.

9 Q. Okay. And I don't want you to talk
10 about anything you've discussed with
11 Mr. Wilkson, but when you received this
12 document and you read it, did you -- what did
13 you understand this document to be saying about
14 you?

15 A. That I'm expected to testify as to
16 what my note says.

17 Q. Okay. Would you read -- would you
18 take a minute and just read all the way through
19 this section about --

20 A. From the begin- -- from the beginning,
21 11/30 --

22 Q. No, just from -- from the section that
23 says, Alaska Urology, do you see that section,
24 on Page 5 of the document?

25 A. Yes, I don't have that one printed.

1 Okay. So, yeah, I'll have to do it off the
2 screen. So you'll have to go back.

3 Do you want me to read it out
4 loud, or what are you asking me to do?

5 Q. Oh, just -- just take a moment,
6 Doctor, and read Pages 5 and 6 to yourself.

7 A. Okay. I -- I don't have the option of
8 scrolling this like you do.

9 MR. WILKSON: And, Dr. Lund, I
10 can -- I can -- you know, I mean, I sent this
11 to you previously. I can e-mail it to you
12 really quick, if you want -- if that's easier.

13 THE WITNESS: Well, I would have
14 to use my phone. Let me see. You probably
15 already have. What was the name of it?

16 MR. WILKSON: It's --

17 MR. GROSS: Sonja, why don't --
18 why don't you just read him the portion that
19 you want to ask him questions about. It will
20 move this along.

21 MS. KERR: That's fine. That's a
22 good suggestion, actually, David.

23 Q. (BY MS. KERR) So this says it --
24 can -- we're looking at Exhibit 44 [sic], which
25 is Defendant's -- amendment -- Amended Expert

1 Witness Disclosure.

2 And it states that providers at
3 Alaska Urology who have treated Plaintiff,
4 including yourself, Dr. Lund, are hybrid
5 witnesses who may be called to provide
6 testimony regarding the medical treatment
7 provided to Plaintiff and expert testimony
8 regarding the medical necessity of further
9 treatments.

10 Do you understand that the
11 Department of Corrections has indicated that's
12 what you are here to testify about?

13 MR. GROSS: Sonja, I'm going
14 to -- I'm going to object to that.

15 A. I can only read the document.

16 MR. GROSS: Doctor --

17 A. I see what the document says. I don't
18 know --

19 MR. GROSS: Doctor --

20 A. -- who produced this document. But,
21 yes, I -- I understand what is written there.

22 MR. GROSS: I'm going to
23 interpose an objection in the sense that --
24 that this is just a mimic of the Plaintiff's
25 witness list that lists him as a trial witness.

1 This isn't any direction to the doctor to
2 testify one way or the another.

3 MS. KERR: Object to the speaking
4 objection. Make your objection and no speaking
5 objection, please.

6 MR. GROSS: I just made it.

7 Q. (BY MS. KERR) Dr. Lund, getting back
8 on track, this document, which was submitted to
9 the Court, says -- and I -- on Page 5, that
10 Dr. Lund -- and Dr. Simerville, but we'll just
11 talk about you.

12 Can you see what's on the screen
13 right now?

14 It says: Dr. Lund and Simerville
15 are also qualified to testify as to the
16 availability and appropriateness of medical
17 services available to treat gender dysphoria
18 through surgery in Alaska, outside of a
19 correctional setting.

20 Do you see that?

21 A. I see that.

22 Q. Are you an expert about medical
23 services available to treat gender dysphoria
24 through surgery in Alaska?

25 A. I am not.

1 Q. Okay. And did you know before
2 yesterday that anyone was suggesting you were
3 an expert on that?

4 A. I've never -- no, I'm not aware of
5 anyone considering me an expert in that.

6 Q. Are you aware of anyone suggesting you
7 were an expert in gender dysphoria in any way,
8 in Alaska or anywhere?

9 A. Again, no.

10 Q. Okay. Did you know before yesterday,
11 when you received this document, that you were
12 going to be testifying about whether
13 Ms. Wagoner needs surgery at this time, in
14 2025?

15 A. I was not made aware of any -- no, I
16 was not aware of any -- what I was going to
17 testify to.

18 Q. Okay. You would agree that while you
19 are an experienced urology, you're not
20 qualified to determine if a person needs
21 gender-affirming surgery; is that correct?

22 A. Again, correct.

23 Q. Would you agree as a doctor that an
24 individual's medical condition can change, you
25 know, medical conditions are not static?

1 A. I agree.

2 Q. Have you ever specifically assessed
3 someone for the need for gender-affirming
4 surgery?

5 A. No.

6 Q. Does that include Ms. Wagoner?

7 A. You said the word "routine."

8 Q. I'm sorry, I didn't -- maybe it wasn't
9 clear. I didn't use the -- that word. But let
10 me restate the question so we're clear.

11 You -- you had said that you
12 had -- had not assessed anyone for
13 gender-affirming surgery, and my question is:
14 Did you ever assess Ms. Wagoner for
15 gender-affirming surgery?

16 A. No.

17 Q. And why, as an experienced urologist,
18 did you not assess her for gender-affirming
19 surgery?

20 A. It's outside the realm of my practice.

21 Q. Are you familiar with what is called
22 the DSM-5? Do you know what that book is?

23 A. Yeah, psycholo- -- psycholo- --
24 psychiatric diagnoses.

25 Q. Okay. And do you --

1 A. I knew of it in medical school. I
2 haven't had -- I haven't touched a copy in
3 probably 35 years.

4 Q. Okay. So you don't use it?

5 A. I do not.

6 Q. Okay. And a diagnosis of gender
7 dysphoria, in your view, would require a
8 psychiatrist or a psychologist?

9 A. I wouldn't say that.

10 Q. Okay. Do you even know?

11 A. I -- I -- I think it -- it requires
12 whoever's an expert in that area.

13 Q. Okay. And that isn't you?

14 A. That's correct.

15 Q. Okay. Do you -- have you -- have you
16 heard of the World Professional Association for
17 Transgender Health Standards. We call it
18 WPATH, W-P-A-T-H?

19 Have you heard of that?

20 A. No, I have not heard of that.

21 Q. Okay. So is it fair to assume you've
22 not had any training in WPATH then in those --

23 A. It's correct. I have not had any
24 training.

25 Q. Okay. Do you have any general

1 understanding that WPATH sets particular
2 standards for how to care for people with
3 tran- -- who are transgender and have gender
4 dysphoria?

5 A. If I've never heard of them, I
6 wouldn't know what they teach or -- of course,
7 the follow-up to that is no.

8 Q. Okay. All right.

9 Have you ever read any documents
10 that describe what the standards of care are
11 for -- promoted by WPATH?

12 A. No.

13 Q. Have you -- with respect to
14 incarcerated people, did you work with
15 incarcerated people who live at Goose Creek
16 Correctional Center?

17 A. I -- I have treated incarcerated
18 individuals from Goose Creek.

19 Q. Okay. And with respect to
20 Goose Creek, have you ever heard of a committee
21 called the MAC committee, Medical Advisory
22 Committee?

23 A. No.

24 Q. Okay. Have you ever heard of the
25 National Commission of Correctional Healthcare?

1 A. No.

2 Q. Have you ever published or presented
3 on the topic of incarcerated transgender
4 people?

5 A. No.

6 Q. Have you ever written any articles on
7 incarcerated transgender people who have gender
8 dysphoria?

9 A. No.

10 Q. Do you have any expertise in
11 conducting primary research on the topic of
12 gender dysphoria or surgical care?

13 A. No.

14 Q. Have you ever published any
15 peer-reviewed pub -- publication at all?

16 A. Yes.

17 Q. And have you ever published on the
18 topic of gender dysphoria in a peer-reviewed
19 publication?

20 A. No.

21 Q. Have you ever published on the topic
22 of gender-affirming surgical care --

23 A. No.

24 Q. -- in a peer-reviewed publication?

25 A. No.

1 Q. Have you ever written any peer-review
2 articles, whether they were published or not,
3 on the care of gender -- on the care of
4 transgender persons?

5 A. No.

6 Q. You would agree that you have no
7 specialty in the medical care and treatment of
8 people with gender dysphoria, correct?

9 MR. GROSS: Asked and answered.

10 A. I was going to say asked and answered
11 a handful of times. No, I do not have any
12 expertise in that.

13 MS. KERR: Can I introduce
14 another document, which is -- we'll call it
15 Exhibit -- I think we're at 47.

16 THE REPORTER: Excuse me. We're
17 at 46.

18 MS. KERR: Oh, I thought the last
19 one was 45. I've introduced two exhibits.

20 THE REPORTER: Yes.

21 MR. GROSS: 46 comes after 45.
22 So 44, 45. This will be 46.

23 MS. KERR: I'm sorry, 46. Thank
24 you.

25 Q. (BY MS. KERR) Doctor, do you need to

1 refresh your page? Can you see the document?

2 A. It's loading. I see a document now.
3 Small.

4 Q. Okay.

5 Can you see the document?

6 A. I see it.

7 Q. It should say Alaska Urology at the
8 top.

9 MS. KERR: So we're marking this
10 as Exhibit 46.

11 Q. (BY MS. KERR) Can you see it,
12 Dr. Lund?

13 MR. WILKSON: The text is
14 still -- it's very small. It -- it's --
15 it's --

16 MS. KERR: Sorry.

17 MR. WILKSON: -- simply
18 unreadable.

19 MS. KERR: Here you go. Okay.

20 Q. (BY MS. KERR) Can you see it now,
21 Doctor?

22 A. Yes.

23 Q. You said that you thought that you
24 brought -- that you had received a copy of
25 this. It's from your Alaska Urology notes?

1 A. It's my office note. This is my
2 office note, correct.

3 Q. Okay. If you want to use your copy to
4 look at, if that's easier for you, that's fine.
5 Otherwise, you can refresh the page, and you'll
6 be able to see this a little better.

7 I just want you to be able to see
8 it as we talk about it.

9 A. I see it. I see it. And I have a
10 printed copy.

11 Q. Okay. And you have a printed copy.
12 Okay.

13 And so this is a document from --
14 from Alaska Urology that you created, correct?

15 A. Correct.

16 Q. Okay. And the date is June 27, 2022;
17 is that right?

18 A. Correct.

19 Q. Sorry, you faded out a little.

20 A. Correct.

21 Q. Thank you.

22 I just want to ask you a little
23 bit about this visit.

24 First of all, do you see towards
25 the bottom of that first page, there's a

1 reference to past surgical history?

2 A. Yes.

3 Q. Okay. And why does your note include
4 past surgical history? Why does -- why does
5 that appear? What's the reason for that?

6 A. Because any good medical history
7 includes past medical history and past surgical
8 history.

9 Q. So it's something you always do as a
10 doctor?

11 A. I -- I would hope most of the time we
12 do it, as long as there is a -- a history.

13 Q. And when -- when you sought -- you saw
14 Ms. Wagoner on this date in June of 2022,
15 right?

16 A. The note would reflect that's the
17 case, yes.

18 Q. Okay. And at the time that you
19 visited with Ms. Wagoner on this date, did
20 you -- what did you think was the purpose of
21 her visit? What was the reason she was
22 visiting you?

23 A. I'm sorry, what's the question?

24 Q. What was the reason that Ms. Wagoner
25 was visiting with you on this date, as far as

1 you recall?

2 A. Well, I don't have any recollection
3 other than reading my note. And my note says
4 that the patient presents with numerous
5 urological complaints. She has gender identity
6 dysphoria and has attempted surgical male --
7 and then we go on with the history. I could
8 read it, but what it says there is my
9 understanding of why the patient came to me.

10 Q. Okay. And you're saying that today,
11 in 2025, you don't have any recollection of
12 this visit?

13 A. I have minimal recollection other than
14 trying to help the patient by giving some --
15 some potential resources as far as people with
16 expertise, which I was able to find on the
17 Internet. That's the extent of my
18 recollection.

19 Q. What do you understand --

20 A. I see -- I see a lot of patients every
21 day. And so, you know -- and I don't see a lot
22 of -- I -- I -- in fact, I -- I'm not aware of
23 patients seeking out gender dysphoria or
24 gender -- transgender surgery. I am not aware
25 I've seen anybody else.

1 Because most of those that would
2 schedule for such, we already tell them that we
3 don't do that, and so they don't even make an
4 appointment with us.

5 Q. Okay. So tell me about that. When
6 you say Alaska Urology, you're saying Alaska
7 Urology, we just don't do that? Is that what
8 you're --

9 A. My -- my office, when somebody calls
10 to see me, one of the questions is: What are
11 we seeing you for?

12 And if it's to do with
13 transgender, which we have numerous calls every
14 year regarding that, we explain that I'm happy
15 to see them, but we don't perform that, they
16 might be better off seeking out a provider who
17 does.

18 Q. Okay. All right. So somehow you
19 didn't -- somehow you still ended up with
20 Ms. Wagoner in your office asking about
21 transgender surgery.

22 Is that the gist of it?

23 A. Well, I can't control what a patient
24 asks me when they're in the office. It says --

25 Q. Yeah.

1 A. -- we're here for consult regarding a
2 penile injury and urinary incontinence, both of
3 which I do treat.

4 Q. Okay. So let's look at your note a
5 minute.

6 On the -- on the -- on the third
7 page -- I'm sorry, the fourth page -- and I'll
8 get -- go to that.

9 On the fourth page, there's a --
10 a section, and it says "Assessment."

11 Do you see that part?

12 A. Yes.

13 Q. Okay. And this exhibit, which is your
14 note from the visit in 2022, describes
15 Ms. Wagoner's visit to you. And then there is
16 a reference to your -- your discussion.

17 You say there's a lengthy
18 discussion, right?

19 A. It does say that.

20 Q. Okay. When you were having this
21 conversation with Ms. Wagoner, did you at the
22 time identify yourself as have -- as being an
23 expert in gender dysphoria?

24 A. I feel like it's being argumentative
25 asking me that question so many times. No.

1 Q. And, in fact, on that -- on -- on that
2 page, do you ever make -- do you make a
3 recommendation as to what Ms. Wagoner should
4 do?

5 A. I did not make a recommendation as --
6 as to what she should do.

7 Q. Did you give her suggestions?

8 A. I did not give suggestions. I gave
9 some options.

10 Q. Okay. What did you -- what options
11 did you give her?

12 A. To see someone who does this.

13 Q. Okay. There's some -- there's some
14 reference to referral sources that you gave to
15 Ms. Wagoner, correct?

16 A. Correct.

17 Q. And under the "Plan" on Page 4, it
18 says: Instructions: Recommend referral to
19 special -- specialty clinic for ongoing and
20 definitive care.

21 Do you see that?

22 A. Yes.

23 Q. And when you were making that
24 recommendation, were you -- what was -- what
25 was your expertise in making that

1 recommendation?

2 A. That the patient was seeking something
3 that I didn't offer, and if that's what they
4 want to pursue, they should see a specialty
5 center.

6 Q. Okay. All right. Now, on Page 4,
7 again, there's a reference to a call that you
8 received from Dr. Lawrence.

9 Do you see that?

10 A. Yes.

11 Q. Do you recall getting a call from
12 Dr. Lawrence at the Department of Corrections?

13 A. I don't recall.

14 Q. Okay. Your note reflects there was a
15 call, correct?

16 A. Correct.

17 Q. You don't have any reason to doubt
18 your note, do you?

19 A. I do not.

20 Q. Did you write this note?

21 A. I dictated this note.

22 Q. Okay. Can you just clarify, at the
23 time you said -- you know, you're not qualified
24 to give an opinion is what you said in that
25 note. I did emphasize I was not in a position

1 or ex- -- nor do I have expertise to make a
2 psychological recommendation.

3 What were you saying there?

4 A. The note would -- my -- my answer here
5 would suggest Dr. Lawrence was trying to assess
6 the urgency of this matter, whether this was an
7 emergent versus an elective issue. And I
8 explained that I wasn't in a position to make a
9 psychologic recommendation. I don't know
10 because, again, it's not my area of expertise.

11 In my opinion, the lower surgery
12 is an elective procedure, which I think
13 everyone would have to agree it is. It's an
14 elective surgery.

15 Q. And that's the statement you made at
16 the time in 2022, right?

17 A. I'm -- I'm kind of reading off my
18 note, yes.

19 Q. And at the time you made that note,
20 you -- your expertise to render any
21 psychological recommendation is the same now as
22 it was in 2022, right?

23 A. Yes.

24 Q. And you haven't had any further
25 training on gender dysphoria? We talked about

1 that, right?

2 A. Right.

3 Q. Okay. And you haven't seen
4 Ms. Wagoner since this note; is that correct?

5 A. Correct.

6 Q. And you don't have any particular
7 knowledge, sitting here today, about her
8 condition today in March of 2025?

9 A. No knowledge.

10 Q. You have not reviewed any medical
11 notes or information about Ms. Wagoner since
12 her visit with you in 2022 that are after that
13 date; is that correct?

14 A. That is correct.

15 Q. Do you today, in March of 2025, stand
16 by your recommendation that she go to a full
17 care clinic, which is what you said in 2022?

18 A. I don't want to be construed to be
19 saying that she should go. That would be the
20 best option to pursue treatment, would be to go
21 to a tertiary care center that performs this.

22 But I also emphasize that I
23 thought it was an elective situation for the
24 surgery. But I'm not in a position to
25 determine if it's an elective psychologic

1 situation.

2 So, yes, I would stand by the
3 fact that I said -- by exactly what I said, is
4 that if they -- if there is -- if this is to be
5 pursued, it should be at a specialty center.

6 And I went and did some research
7 on the Internet and I think I alluded to those,
8 but I also handwrote those out. And I've seen
9 them on another document that's -- was a -- an
10 additional page to this, where I gave the
11 websites or the addresses or the phone numbers,
12 I don't remember which, for those centers that
13 I went and looked up. And I also looked in
14 Alaska and found that there weren't any in
15 Alaska.

16 There -- there it is, right
17 there.

18 Q. What you looked -- that's what you
19 handwrote?

20 A. That's my handwriting. And --

21 Q. Okay. And your -- and your note, and
22 that's what you found on the Internet?

23 A. Correct.

24 Q. Okay. Okay.

25 A. And if I remember right -- but I -- I

1 wouldn't swear to this, but I believe the
2 patient asked who. And I said, I can go look
3 up some things. And this is what I came up
4 with at -- at the patient's request,
5 Ms. Gard- -- Miss -- Ms. Wagoner.

6 Q. And did you give that page to
7 Ms. Wagoner, or do you remember?

8 A. I doubt it.

9 Q. Okay.

10 A. I don't remember, but I doubt it. I
11 give everything to the DOC, usually to the
12 accompanying guard.

13 Q. Oh, okay. So the guards were with --
14 so you just gave that paper -- that handwritten
15 note to the guards, you think?

16 A. I -- I imagine.

17 Q. Okay.

18 THE VIDEOGRAPHER: Excuse me,
19 Counsel. This is the videographer. If we
20 could take a break within the next ten minutes,
21 that would be great. I didn't know if this was
22 a good time in between documents. Whatever is
23 good for you.

24 MS. KERR: Actually, this is a
25 good -- a good spot to break.

1 THE WITNESS: It's a good time to
2 be done.

3 MS. KERR: Well, we're al- -- I
4 am almost done. So I -- I appreciate the
5 break. And what I'm going to do during the
6 break, Dr. Lund, is to see what, if anything,
7 else I still need to ask you. Okay?

8 MR. WILKSON: Can we make it a --
9 like, a two-minute break so we can move this
10 along?

11 THE WITNESS: Yeah, because --

12 MR. WILKSON: Does that give the
13 videographer enough time to switch over, just a
14 two-minute break?

15 THE VIDEOGRAPHER: Let's just go
16 off -- let's go off the record first.

17 The time is --

18 MR. WILKSON: I came straight
19 from a mediation to this. So I need to --
20 speaking of urology, I need to take care of
21 some business really quick, but -- so maybe --
22 maybe three minutes.

23 THE VIDEOGRAPHER: Stand by.

24 The time is 3:20 p.m. This will
25 end Media Unit 1.

1 MS. KERR: We'll be back in about
2 five.

3 (Break.)

4 THE VIDEOGRAPHER: The time is
5 3:27 p.m. We are back on the record. And this
6 will begin Media Unit 2.

7 MS. KERR: Okay. Dr. Lund, I
8 don't have any other questions of you. I do
9 appreciate your time. And I'm sorry to
10 inconvenience your day, but I do appreciate
11 your time and understanding about this process.
12 Thank you.

13 Now, other people might ask you
14 something. So just don't run off yet.

15 EXAMINATION

16 Q. (BY MR. GROSS) Yeah, Doctor, very --
17 very quickly. My name is David Gross. I
18 represent the State of Alaska Department of
19 Corrections and the other Defendants. Just a
20 couple quick questions for you, and then we'll
21 get you out of here.

22 First, I want to test your memory
23 a little bit. I understood you said that you
24 did not remember Ms. Wagoner as a patient. And
25 looking at some of the records, it looks like

1 on October of 2005, there was a circumcision,
2 not newborn done.

3 Do you remember that procedure?

4 A. I do not.

5 Q. Okay. And then about two months
6 later, there is a repair, incomplete
7 circumcision. Now, I suspect you don't
8 remember that.

9 But what would be some examples
10 of what a repair, incomplete circumcision would
11 be?

12 A. Sometimes when a circumcision heals,
13 it will have redundant skin or adhesions or a
14 stricture. And so sometimes we -- in both,
15 children and adults, have to sometimes revise
16 that, a relatively minor procedure.

17 Q. Okay. Not -- not uncommon?

18 A. Not uncommon.

19 Q. Okay. I want to read something to you
20 that -- that comes in with DOC patients, and
21 it's a statement on -- on one of their top
22 sheets, and it says this.

23 It says: DOC will not perform or
24 authorize procedures which are elective or
25 nonessential. All surgical recommendations not

1 of an emergency nature must be approved by the
2 Medical Advisory Committee.

3 In your mind and based on your
4 practice, what is an elective surgery to you?

5 MS. KERR: Objection, form and
6 beyond the scope of the witness' knowledge.

7 Q. (BY MR. GROSS) Go -- go ahead and
8 answer.

9 A. Something that is -- I -- I would
10 consider an elective procedure something that
11 is not imminently necessary for long-term
12 health.

13 Q. Okay. Could you give me some examples
14 of what you would consider to be an elective
15 surgery?

16 A. Breast augmentation, breast reduction,
17 facelift, blepharoplasty, would be some
18 examples that are clearly elective.

19 Q. And what about -- what about the term
20 "nonessential," what does that mean to you?

21 MS. KERR: Objection, form and
22 beyond the scope of the permitted deposition.

23 A. So I --

24 Q. (BY MR. GROSS) Go ahead. You can
25 answer.

1 A. Yeah, I mean, I -- I -- again, that's
2 not a term -- I'm not sure that that's a
3 medical term, but more of a committee term. I
4 would consider that to be similar to elective,
5 something nonessential for ongoing health.

6 Q. Got you, okay.

7 You were shown your visit with
8 Ms. Wagoner on June 27th, 2022. We looked at
9 that a little bit. And there is one -- there
10 is one entry that I want to read to you and
11 just get your feedback on what it means,
12 because I think there's -- there's some
13 language that I'm not quite clear what you're
14 trying to say. So -- so this is what it says.

15 It says: EM, which is the
16 patient, frequently refers to seeing me on
17 numerous occasions, but I do not have records
18 of those visits. Regardless, the patient would
19 definitely benefit from referral to specialist
20 in transgender care. She asked whether I would
21 be willing to perform prostate surgery or
22 orchiectomy or testosterone [sic] blocker therapy.
23 And I think this would not do the patient
24 justice as full transgender care as indicated.

25 So it sort of got -- it got

1 bobbled at the end there. What -- what was
2 the -- what was the nature of what you were
3 trying to communicate there?

4 A. Well, I think that the patient was
5 trying to ask for parts -- parts of the --
6 parts of the transgender surgery. So removing
7 the testicles, removing the prostate, blocking
8 testosterone function and -- and I -- you know,
9 again, it's outside the realm of what I do.

10 And it -- you really -- for an
11 individual pursuing this really needs to go to
12 someone who -- it's -- it's -- the clinics
13 entail a full spectrum of care, whether it be
14 gynecology, urology, general surgery,
15 psychiatry. I mean, there's just so many
16 facets to it and -- and, you know, to -- to sit
17 and pick out and say, Well, I'll just remove
18 your testicles, I wouldn't do that. That's not
19 in the patient's interest. I wouldn't do that.

20 Q. And -- and based on your -- oh, sorry,
21 did you finish?

22 A. I did.

23 Q. And based on your treatment and review
24 of this particular patient, you came to the
25 conclusion that those different treatments

1 would be elective?

2 MS. KERR: Objection, form.

3 A. I do believe those to be elective.

4 Q. (BY MR. GROSS) Now, we talked a little
5 bit about the addendum that is listed there.
6 And it looks like the addendum is dated
7 July 26th, 2022.

8 In this case, one of the -- one
9 of the Plaintiff's experts have suggested that
10 Dr. Lawrence called you and -- and sort of
11 bullied you into changing your -- your opinion
12 about the proper treatment.

13 Now, you don't remember the call
14 from Dr. Lawrence, but would you allow
15 anyone --

16 MS. KERR: Objection.

17 MR. GROSS: Well, let me finish
18 my -- Sonja, let me finish my question first.

19 Q. (BY MR. GROSS) Doctor, would you let
20 anybody, including Dr. Lawrence, call you
21 and -- and convince you to change your opinion
22 on a patient?

23 A. No.

24 MS. KERR: Objection, form,
25 free- -- and in addition, beyond the scope of

1 the Court's order concerning this deposition.

2 Q. (BY MR. GROSS) What was your answer,
3 Doctor?

4 A. So, no, I would not. And I think I --
5 I -- I made it very clear that I said that
6 the -- that Dr. Lawrence from DOC wanted
7 clarification. And so I just tried to add to
8 my note to make it clear to him my position on
9 whether this was medically necessary versus
10 elective.

11 And I only could address it in
12 terms of the physical aspects of it as being
13 elective, but made no rec- -- no -- no
14 recommendations based on psychiatric issues.

15 Q. Okay.

16 MR. GROSS: Those are all the
17 questions I have. Thank you, Doctor.

18 THE WITNESS: Thank you.

19 FURTHER EXAMINATION

20 Q. (BY MS. KERR) Dr. Lund, I just have a
21 couple follow-up.

22 You testified earlier that you're
23 not an expert on gender dysphoria or its
24 treatment, and you were not an expert on that
25 in 2022, correct?

1 A. Oh, my word --

2 MR. GROSS: Asked and answered.
3 In fact, I -- he shouldn't have to answer that
4 question, Sonja. You asked him ten times.

5 THE WITNESS: Thank you.

6 Q. (BY MS. KERR) Are you declining to
7 answer?

8 A. My answer is, no, I wasn't, and I am
9 not an expert.

10 Q. Okay. And you testified that
11 Ms. Wagoner should go to a clinic for -- for
12 full care.

13 A. I never said "should."

14 Q. Okay.

15 A. I said if -- if this is to be pursued,
16 that's where it should be pursued. I'm not
17 testifying that it should happen. And I
18 certainly don't have any expertise as to what
19 the DOC does or doesn't do for elective cases.

20 And I would never be so
21 presumptuous as to tell them they must send
22 somebody or should send somebody for something
23 elective.

24 Q. So when you wrote "elective," you
25 didn't mean that the patient didn't need the

1 surgery? You weren't taking a position on
2 that?

3 MR. WILKSON: And asked -- this
4 has been asked and answered numerous times.

5 Q. (BY MS. KERR) You can answer.

6 A. No position. No position.

7 Q. No position.

8 (Reporter seeks clarification)

9 THE WITNESS: No position.

10 Q. (BY MS. KERR) What did you understand
11 was the clarification that DOC wanted?

12 A. To know whether there was an emergency
13 versus an elective situation.

14 Q. So, just to clarify, the only kinds of
15 surgery are elective or emergency?

16 A. No, there's lots of kinds of surgery.
17 There's semi-elective. There's semi-emergent.
18 There's all -- it's a big spectrum, and I don't
19 know that there's a -- a list of right answers
20 as to what -- where something falls.

21 Q. Okay. And you -- you don't know where
22 this one specifically would fall as of 2022?

23 A. Well, I -- I -- I think my note made
24 it pretty clear that my position is lower
25 surgery, in terms of physical well-being, is

1 elective.

2 Q. And whether she needed
3 gender-affirming surgery today would require an
4 expertise you don't have, correct?

5 MR. GROSS: Asked and answered.

6 A. Correct.

7 MS. KERR: All right. I don't
8 have anything else. I do appreciate your time.

9 THE WITNESS: Okay. Thank you.

10 MR. GROSS: No questions. Thank
11 you, Doctor.

12 THE VIDEOGRAPHER: Before you
13 sign out, I'm just going to close out the
14 record. Please stand by.

15 The time is 3:37 p.m. This will
16 conclude today's testimony given by
17 Dr. Greg Lund. The total number of media units
18 is two and will be retained by Veritext.

19 (Deposition adjourned at 3:37 p.m.)

20 (Signature not requested.)
21
22
23
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25

CERTIFICATE OF DEPONENT

I have read the foregoing transcript of my deposition and except for any corrections or changes noted on the errata sheet, I hereby subscribe to the transcript as an accurate record of the statements made by me.

GREG LUND, M.D.

SUBSCRIBED AND SWORN before and to me
this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires:

CERTIFICATE

I, SANDRA M. MIEROP, Certified Shorthand Reporter, do hereby certify that the foregoing proceedings were taken before me at the time and place herein set forth; that the witness was sworn to tell the truth; that the proceedings were reported stenographically by me and later transcribed by computer transcription; that the foregoing is a true record of the proceedings taken at that time; and that I am not a party to, nor do I have any interest in, the outcome of the action herein contained.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 28th day of March, 2025.



SANDRA M. MIEROP

Notary Public, State of Alaska

My commission expires: 9/18/28

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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